OIPE		PART I	B - FEE(S) TRAN	SMITTAL	$\overline{}$	/
	nd this form, toget	her with applicable	fee(s), to: Mail	Tail Stop ISSUE Commissioner for	t of	
OCT 2 9 2009	rs)		F	.O. Box 1450 .lexandria, Virgi		
A. S	9		or <u>Fax</u> (571)-273-2885		(
ppropriate the further idicated unless correcte mintenance fee notifica	form should be used correspondence includi- ed below or directed of tions.	for transmitting the ISSI ng the Patent, advance of herwise in Block 1, by (i	UE FEE and PUBLICA rders and notification o a) specifying a new cor	TION FEE (if requi f maintenance fees w respondence address;	red). Blocks 1 through 5 fill be mailed to the curren and/or (b) indicating a sep	should be completed when t correspondence address a parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying pagers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.		
1221 NICOLLE SUITE 800	SEAGER & TUF T AVENUE	TE, LLC		Cert	tificate of Mailing or Tran is Fee(s) Transmittal is bein ith sufficient postage for fit Stop ISSUE FEE address FO (571) 273-2885, on the	smission
/2000	, MN 55403-2420			JoAnn	Lindman	(Depositor's name)
****	00073 09621670		ļ.	ple	Sudno	(Signature)
1501 110.0	0 DA 1400.00	ND.		0	10-29-09	(Date)
APPLICATION NO. FILING DATE		FIRST NAMED INVENTO	OR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
APPLIN, TYPE	SMALL ENTITY	URE CONTROL FOR S	PUBLICATION FEE DU			DATE DUE
nonprovisional	NO NO	\$1510	SO SO	\$1400	\$1510	
				31400	\$1510	11/02/2009
EXAMINER IZAGUIRRE, ISMAEL		3765	CLASS-SUBCLASS	_)		
	nec address or indicatio		604-015000	notant Game anna line		
FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent from page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. \$ TUFTE LLC			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a 2 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 1 sted, no name will be printed.			
		TO BE PRINTED ON T		ypo)		73 568413 - 89621678
PLEASE NOTE: Unle recordation as set forth	ss an assignee is ident in 37 CFR 3.11. Comp	ified below, no assignee eletion of this form is NO	data will appear on the T a substitute for filing a	patent. If an isssiging n assignment.	4501dentified b4116.08c1	Acument 14866/88 1002d fo
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
SUB−Q,	INC.		SAN CLEMENTE	, CALIFORNIA	4	
case check the appropri	ate assignee category or	categories (will not be pr	inted on the patent) :	Individual XXI Con	rporation or other private gr	oup entity Government
. The following fee(s) a	re submitted:	46	Payment of Fec(s): (P)	ease first reapply an	y previously pald issue fee	shown above)

10/30 01 FC

Issuc Fee Advance Order - # of Copies _____1 A check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0413 (enclose an extra copy of this form).

Publication Fee (No small entity discount permitted) 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 GFR 1.27,

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Ed. (if required) will hot be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the record of the interest as shown by the record of the interest as a shown by the interest as a shown by the interest as a

Authorized Signature 4 GLENN M. **X**EAGER Typed or printed name

7.009

36,926 Registration No.

This collection of information is required by 37 CFR 1.31., The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by a USP 1.72 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and the form and/or suggestions for reducing this burden, holded to see the processing upon the individual case. Any comments on the another of time you require to complete this form and/or suggestions for reducing this burden, holded be set may obtain a processing the proce

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Adjustment date: 18/38/2889 JADDO2 81/11/2887 INTEFSW 88888842 89621678